

**REPORT OF THE
QUALITY AND PATIENT SAFETY COMMITTEE OF THE
BOARD OF DIRECTORS OF THE
COOK COUNTY HEALTH AND HOSPITALS SYSTEM**

APRIL 28, 2009

ATTENDANCE

Present: Chairman David Ansell, MD; Director Hon. Jerry Butler and Director Luis Muñoz, MD, MPH (3)

Mary Driscoll and Pat Merriweather (Non-Director Members)

Absent: None

Also Present: David Barker, MD – Chief Medical Officer, Ruth M. Rothstein CORE Center of Cook County; Johnny Brown – Chief Operating Officer, John H. Stroger, Jr. Hospital of Cook County; Leslie Charles, MD – Provident Hospital of Cook County; Joanne Dulski – Laboratory Services, Cook County Health and Hospitals System; David Fagus – Chief Operating Officer, Cermak Health Services; David Goldberg, MD – President of the Medical Staff, John H. Stroger, Jr. Hospital of Cook County; Judith Frigo, MD – Chief Medical Officer, Oak Forest Hospital of Cook County; Aaron Hamb, Chief Medical Officer, Provident Hospital of Cook County; Randall Johnston – Office of the State's Attorney; Sue Klein – Director of Quality, John H. Stroger, Jr. Hospital of Cook County; Mark Krause, MD – President of the Medical Staff, Provident Hospital of Cook County; Maurice Lemon, MD, MPH – Chief Medical Officer, John H. Stroger, Jr. Hospital of Cook County; Charlene Luchsinger – Credentials Verification Officer, Cook County Health and Hospitals System; Stephen Martin, PhD, MPH – Chief Operating Officer, Cook County Department of Public Health; John M. Raba, MD – Interim Chief Medical Officer, Cook County Health and Hospitals System; Lula Roberson – Interim Director, Quality Services, Provident Hospital of Cook County; Deborah Santana – Office of the Secretary to the Board of Commissioners of Cook County; David Small – Interim Chief Executive Officer, Cook County Health and Hospitals System; Sidney Thomas – Chief Operating Officer, Provident Hospital of Cook County; Robert Weinstein, MD – Chief Operating Officer, The Ruth M. Rothstein CORE Center of Cook County

Ladies and Gentlemen:

Your Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System met pursuant to notice on Tuesday, April 28, 2009 at the hour of 12:00 P.M. at Stroger Hospital, 1901 West Harrison Street, in the fifth floor conference room, in Chicago, Illinois.

Your Quality and Patient Safety Committee has considered the following items and, upon adoption of this report, the recommendations follow.

Welcome and Introductions

Chairman Ansell welcomed the attendees and asked all present at the meeting to introduce themselves.

Dr. Stephen Martin, Chief Operating Officer of the Cook County Department of Public Health, provided an update on the Department's response and planning efforts with regard to the H1N1 Swine Flu outbreak.

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Roll Call

Chairman Ansell noted that a quorum was not present at the start of the meeting. He stated that the Committee would receive information until a quorum was present.

Deborah Santana, of the Office of the Secretary to the Board, called the roll of members at approximately 12:30 P.M., and it was determined that a quorum was present. The Committee proceeded to take action on the items presented.

Public Comments

Chairman Ansell asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen

Review and accept minutes of the meeting of March 18, 2009

Director Muñoz, seconded by Director Butler, moved to accept the minutes of the meeting of the Quality and Patient Safety Committee of March 18, 2009. **THE MOTION CARRIED UNANIMOUSLY.**

Receive quarterly quality report from Provident Hospital of Cook County

Lula Roberson, Interim Director of Quality Services at Provident Hospital of Cook County, presented the quarterly quality report from Provident Hospital of Cook County (Attachment #1). Dr. Leslie Charles presented information on the Heart Failure Program.

The Committee reviewed and discussed the information provided.

Report on quarterly Core Measures

This item was deferred.

**Receive update on Laboratory Department survey/review
by CAP and CMS at Stroger Hospital**

Johnny Brown, Chief Operating Officer of John H. Stroger, Jr. Hospital of Cook County, and Joanne Dulski, Director of Laboratory Services for the Cook County Health and Hospitals System, presented an update on the Laboratory Department's survey/review by the College of American Pathologists (CAP) and the Centers for Medicare and Medicaid Services (CMS).

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The Committee reviewed and discussed the information provided. Mr. Brown noted that CMS will come back to re-survey in 45-60 days.

Receive update on Surgical Consolidation Project

John Raba, MD, Interim Chief Medical Officer of the Cook County Health and Hospitals System, provided an update on the Surgical Consolidation Project.

Review and approve the following Cooperative Educational Master Agreements and Sub-Agreements (no fiscal impact):

- a. Sub-Agreement with Resurrection – oral maxillofacial residents to Stroger Hospital
- b. Sub-Agreement with Northwestern Hospital – oral maxillofacial surgery exchange with our oral maxillofacial residents
- c. Cooperative Educational Master Agreement with Advocate
- d. Sub-Agreement with Advocate – our SICU fellow to see eICU care
- e. Revision of current Cooperative Educational Master Agreement with Northwestern Hospital
- f. Sub-Agreement – Metro surgery – residents rotating at Stroger Hospital trauma
- g. Sub-Agreement with Northshore University - our residents rotate at NSU
- h. Sub-Agreement with Children's – our urology residents rotating at Children's

Dr. Maurice Lemon, Chief Medical Officer of John H. Stroger, Jr. Hospital of Cook County presented information on the proposed Cooperative Educational Master Agreements and Sub-Agreements.

Director Muñoz, seconded by Director Butler, moved to approve the eight (8) proposed Cooperative Educational Master Agreements and Sub-Agreements. THE MOTION CARRIED UNANIMOUSLY.

Receive report on status of preparations for Cermak re-accreditation

Receive reports from the Medical Staff Executive Committees from Oak Forest, Provident and Stroger Hospitals

Receive and approve Medical Staff Appointments/Re-appointments/Changes

Receive reports on the following:

- Any Sentinel Events or Near Misses
- Any Patient Grievance Reports
- Update on "never" events
- Report on Recent Regulatory Visits

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Director Muñoz, seconded by Director Butler, moved to recess the regular session and convene into closed session, pursuant to an exception to the Illinois Open Meetings Act, 5 ILCS 120/2(c)(17), et seq., which permits closed meetings for consideration of "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body," and pursuant to an exception to the Open Meetings Act, 5 ILCS 120/2(c)(11), which states: "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting." **THE MOTION CARRIED UNANIMOUSLY.**

Director Butler, seconded by Chairman Ansell, moved to adjourn the closed session and convene into regular session. **THE MOTION CARRIED UNANIMOUSLY.**

Director Butler, seconded by Director Muñoz, moved to approve the Medical Staff Appointments/Re-appointments/Changes. **THE MOTION CARRIED UNANIMOUSLY.**

Following are the Medical Staff Appointments/Re-appointments/Changes that were approved:

JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY

INITIAL APPOINTMENT APPLICATIONS

Physicians:

Kulik, Andrew S., MD Appointment Effective:	Psychiatry/Adult Psychiatry April 28, 2009 through April 27, 2011	Active Physician
Hussey, Michael, MD Appointment Effective:	OB/Gyne/Maternal Fetal April 28, 2009 through April 27, 2011	Consulting Physician
Lazzaro, Gianluca, M.D. Appointment Effective:	Surgery/Surgical Oncology April 28, 2009 through April 27, 2011	Active Physician
Mahisekar, Usha L., MD Appointment Effective:	Anesthesiology April 28, 2009 through September 22, 2010	Affiliate Physician
Ruthberg, Andrew, MD Appointment Effective:	Medicine/Rheumatology April 28, 2009 through April 27, 2011	Voluntary Physician
Sheth, Darshana J., MD Appointment Effective:	Anesthesiology April 28, 2009 through June 16, 2010	Affiliate Physician

Mid-Level Providers:

Force, Katherine A., PA-C Appointment Effective:	Medicine April 28, 2009 through April 27, 2011	Vol. Physician Assistant
Lentz, Stacie E., PA-C Appointment Effective:	Medicine April 28, 2009 through April 27, 2011	Physician Assistant

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John H. Stroger, Jr. Hospital of Cook County (cont'd)

REAPPOINTMENT APPLICATIONS

Physicians:

Department of Anesthesiology

Davis (Fourte), Felicia A., MD	Peds Anesthesia	Active Physician
Reappointment Effective:	June 30, 2009 through May 1, 2011	

Feinstein, Lowell, MD	Anesthesia	Active Physician
Reappointment Effective:	June 30, 2009 through May 1, 2011	

Department of Emergency Medicine:

Couture, Eileen F., DO	Emergency Medicine	Active Physician
Reappointment Effective:	July 11, 2009 through July 10, 2011	

Dehnee, Abed E., MD	Emergency Medicine	Voluntary Physician
Reappointment Effective:	April 28, 2009 through April 27, 2011	

Hryhorczuk, Daniel O., MD	Toxicology	Active Physician
Reappointment Effective:	April 28, 2009 through April 27, 2011	

Department of Family Medicine

Floyd, Gail, MD	Family Medicine	Voluntary Physician
Reappointment Effective:	April 17, 2009 through September 19, 2010	

Department of Medicine

Brecklin, Carolyn S., MD	Nephro/Hypertension	Active Physician
Reappointment Effective:	April 28, 2009 through April 27, 2011	

Candotti, Carolina, MD	General Medicine	Active Physician
Reappointment Effective:	April 28, 2009 through April 27, 2011	

Dunea, George, MD	Nephro/Hypertension	Voluntary Physician
Reappointment Effective:	May 19, 2009 through May 18, 2011	

Fegan, Claudia M., MD	General Medicine/ACHN	Affiliate Physician
Reappointment Effective:	May 14, 2009 through March 22, 2010	

Kee, Romina, MD	General Medicine	Active Physician
Reappointment Effective:	April 28, 2009 through April 27, 2011	

Manadan, Augustine, MD	Rheumatology	Active Physician
Reappointment Effective:	July 11, 2009 through July 10, 2010	

Piette, Warren, MD	Dermatology	Active Physician
Reappointment Effective:	April 28, 2009 through April 27, 2011	

Piller, Simon, MD	General Medicine	Active Physician
Reappointment Effective:	May 14, 2009 through May 13, 2011	

Shah, Sejal, MD	General Medicine/ACHN	Voluntary Physician
Reappointment Effective:	May 14, 2009 through May 13, 2011	

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John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (cont'd)

Department of Pediatrics:

Cortez, Edmundo P., MD	Peds Critical Care	Voluntary Physician
Reappointment Effective:	June 30, 2009 through May 01, 2011	

Joseph, Tessy, MD	Peds. Neonatology	Active Physician
Reappointment Effective:	June 30, 2009 through March 19, 2011	

Rastogi, Alok, MD	Peds. Neonatology	Active Physician
Reappointment Effective:	July 9, 2009 through July 8, 2011	

Senko, John, MD	Peds. Emergency	Active Physician
Reappointment Effective:	June 30, 2009 through June 29, 2011	

Shamsi, Tanveer, MD	Peds. Emergency	Active Physician
Reappointment Effective:	July 11, 2009 through July 10, 2011	

Department of Psychiatry:

Mabaquiao, Jessie, MD	Psychiatry	Active Physician
Reappointment Effective:	May 14, 2009 through May 13, 2011	

Watts, Jeffery, MD	Psychiatry	Active Physician
Reappointment Effective:	April 28, 2009 through April 27, 2011	

Department of Radiology:

Larson, John, MD	General Radiology	Active Physician
Reappointment Effective:	July 9, 2009 through July 8, 2011	

Seshaqiri, Donthamsetti, MD	Radiation Oncology	Voluntary Physician
Reappointment Effective:	June 30, 2009 through June 29, 2011	

Thakrar, Jagdish, MD	Radiation Oncology	Voluntary Physician
Reappointment Effective:	April 28, 2009 through April 27, 2011	

Department of Surgery

York, Michele	Cardiothoracic	Perfusionist
Reappointment Effective:	April 28, 2009 through April 27, 2011	

Mid Level Practitioner:

Crawford, Janet T., CNS	Medicine	Clinical Nurse Specialist
Reappointment Effective:	April 28, 2009 through April 27, 2011	

David, Prema, CNP	Medicine	Nurse Practitioner
Reappointment Effective:	April 28, 2009 through April 27, 2011	

Duda, Joan Marie, CNS	Trauma	Clinical Nurse Specialist
Reappointment Effective:	May 15, 2009 through May 14, 2011	

Intoy, Melinda P., CNP	Medicine	Nurse Practitioner
Reappointment Effective:	April 28, 2009 through April 27, 2011	

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John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications

Mid Level Practitioner (cont'd)

Kahn, Kathleen S., PA-C Reappointment Effective:	Ob / Gyne April 28, 2009 through April 27, 2011	Physician Assistant
Mottl, Laurie J., PA-C Reappointment Effective:	Medicine April 28, 2009 through April 27, 2011	Physician Assistant
Pacyga, Rosemary J., PA-C Reappointment Effective:	Medicine April 28, 2009 through April 27, 2011	Physician Assistant
Ramos, Lourdes L., CNP Reappointment Effective:	Surgery April 28, 2009 through April 27, 2011	Nurse Practitioner
Rescober, Teresita M., CNS Reappointment Effective:	OB/Gyne May 15, 2009 through May 14, 2011	Clinical Nurse Specialist
Schowalter, Karlene R., CNP Reappointment Effective:	Medicine May 15, 2009 through May 14, 2011	Nurse Practitioner
Sikora-Jackson, Ann M., PA-C Reappointment Effective:	Emergency Medicine April 28, 2009 through April 27, 2011	Physician Assistant
Zien, Joel W., PA-C Reappointment Effective:	Surgery April 28, 2009 through April 27, 2011	Physician Assistant

Mid Level Practitioners: Collaborative Agreement

Crawford, Janet T., CNS	Medicine	Clinical Nurse Specialist
Duda, Joan Marie, CNS	Trauma	Clinical Nurse Specialist
Force, Katherine A., PA-C	Medicine	Physician Assistant
Intoy, Melinda P., CNP	Medicine	Nurse Practitioner
Kahn, Kathleen S., PA-C	Ob / Gyne	Physician Assistant
Lentz, Stacie E., PA-C	Medicine	Physician Assistant
Ramos, Lourdes L., CNP	Surgery	Nurse Practitioner
Rescober, Teresita M., CNS	Ob / Gyne	Clinical Nurse Specialist

Collaborative Agreement with Prescriptive Authority

David, Prema, CNP	Medicine	Nurse Practitioner
DiGiacomo, Marie, CNP	Surgery	Nurse Practitioner
Mottl, Laurie J., PA-C	Medicine	Physician Assistant
Pacyga, Rosemary J., PA-C	Medicine	Physician Assistant
Schowalter, Karlene R., CNP	Medicine	Nurse Practitioner
Sikora-Jackson, Ann M., PA-C	Emergency Medicine	Physician Assistant
Zien, Joel W., PA-C	Surgery	Physician Assistant

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John H. Stroger, Jr. Hospital of Cook County (cont'd)

Medical Staff Change with no Change in Clinical Privileges

Katz, Ariel, MD Medicine/General Med	From Voluntary Physician to Active Physician
Kazlauskaite, Rasa, M.D. Medicine/Endocrinology	From Active Physician to Voluntary Physician
Lenhardt, Richard, MD Medicine/Pulmonary/CC	From Voluntary Physician to Active Physician
Lewis, Torrance, M.D. Obstetrics/Gynecology	From Active Physician to Voluntary Physician
Madura, James, MD Surgery/General Surgery	From Active Physician to Voluntary Physician
Merlotti, Gary, MD Surgery/Critical Care	From Voluntary Physician to Active Physician
Sauper, Alex, MD Surgery/General Surgery	From Voluntary Physician to Active Physician
Shamsi, Tanveer, MD Pediatrics/Emergency	From Consulting Physician to Active Physician

PROVIDENT HOSPITAL OF COOK COUNTY

MEDICAL STAFF APPOINTMENTS

Department of Internal Medicine

Cabrera, Ernest, MD Appointment effective:	Internal Medicine April 28, 2009	Consulting Physician through April 27, 2011
Sengupta, Mondira, MD Appointment effective:	Internal Medicine April 28, 2009	Affiliate Physician through January 15, 2011
Zehra, Tharanum, MD Appointment effective:	Internal Medicine April 28, 2009	Affiliate Physician through January 15, 2011

Department of Obstetrics & Gynecology

Abrego, Fidel, MD Appointment effective:	OB/GYN April 28, 2009	Affiliate Physician Through November 25, 2010
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Provident Hospital of Cook County
Medical Staff Appointments

Department of Obstetrics & Gynecology (cont'd)

Fish, Karen, MD	OB/GYN		Affiliate Physician
Appointment effective:	April 28, 2009	through January 15, 2011	
Linn, Edward, MD	OB/GYN		Affiliate Physician
Appointment effective:	April 28, 2009	through May 19, 2010	

Department of Surgery

Brandes, Barry, DPM	Surgery		Affiliate Podiatrist
Appointment effective:	April 28, 2009	through April 27, 2011	
Grevious, Mark, MD	Surgery		Affiliate Physician
Appointment effective:	April 28, 2009	through April 27, 2011	
Lamba, Anil, MD	Surgery		Affiliate Physician
Appointment effective:	April 28, 2009	through April 27, 2011	
Mahmorian, Robert, DPM	Surgery		Affiliate Podiatrist
Appointment effective:	April 28, 2009	through April 27, 2011	
McShane, Maureen, DPM	Surgery		Affiliate Podiatrist
Appointment effective:	April 28, 2009	through April 27, 2011	
Suffern, Jennifer, DPM	Surgery		Affiliate Podiatrist
Appointment effective:	April 28, 2009	through April 27, 2011	
Theodorakis, Spyros, MD	Surgery		Affiliate Physician
Appointment effective:	April 28, 2009	through April 27, 2011	

MEDICAL STAFF REAPPOINTMENT

Department of Critical Care

Nagubadi, Swamy MD	Critical Care		Ancillary Physician
Reappointment effective:	April 28, 2009	through January 14, 2011	

MID-LEVEL PRACTITIONER REAPPOINTMENT

Powell, Stephanie, PA-C	Internal Medicine		Physician Assistant, Certified
Reappointment effective:	April 28, 2009	through April 27, 2011	

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Provident Hospital of Cook County (cont'd)

MEDICAL STAFF APPOINTMENT TO BE AMENDED
FROM PROVISIONAL TO FULL STATUS

<u>Name</u>	<u>Department</u>	<u>Status</u>
Thomas, Bonnie, MD	Internal Medicine	Active Physician
Date on staff September 17, 2008	Effective	April 28, 2009

MEDICAL STAFF CHANGE OF PHYSICIAN STATUS

Saffold, Carol, MD	OB/GYN	From Active to Ancillary Physician
Effective:	June 6, 2009	

OAK FOREST HOSPITAL OF COOK COUNTY

MEDICAL STAFF INITIAL APPOINTMENT

<u>Name</u>	<u>Department</u>	<u>Status</u>
Elmosa, Steve, M.D.	Emergency Department	Active Physician
Appointment effective	April 28, 2009 through	April 27, 2011

MEDICAL STAFF REAPPOINTMENTS

Andoh, Henry, M.D.	Employee Health Services	Active Physician
Reappointment effective:	April 28, 2009 through	April 27, 2011
Abbasi, Tahir, M.D.	Cardiology	Active Physician
Reappointment effective:	April 28, 2009 through	April 27, 2011
Bangayan, Lorraine, M.D.	Cardiology	Active Physician
Reappointment effective:	April 28, 2009 through	April 27, 2011
Begum, Fahmeeda, M.D.	Medicine	Active Physician
Reappointment effective:	April 28, 2009 through	April 27, 2011
Chintanakarn, Surapone, M.D.	Medicine	Active Physician
Reappointment effective:	April 28, 2009 through	April 27, 2011
Jahan, Farrukh, M.D.	Medicine	Active Physician
Reappointment effective:	April 28, 2009 through	April 27, 2011
Makar, Emil, M.D.	Medicine	Active Physician
Reappointment effective:	April 28, 2009 through	April 27, 2011
Pacheco, Danilo, M.D.	Medicine	Active Physician
Reappointment effective:	April 28, 2009 through	April 27, 2011

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Oak Forest Hospital of Cook County
Medical Staff Reappointments (cont'd)

Talwalkar, Uday, M.D.	Medicine	Active Physician
Reappointment effective:	April 28, 2009 through April 27, 2011	
Dave, Nivedita, M.D.	Radiology	Active Physician
Reappointment effective:	April 28, 2009 through April 27, 2011	
Parameswar, Krishna, M.D.	Radiology	Active Physician
Reappointment effective:	April 28, 2009 through April 27, 2011	
Brandes, Barry, DPM.	Surgery/Podiatry	Active Podiatrist
Reappointment effective:	April 28, 2009 through April 27, 2011	
Mahmarian, Robert, DPM	Surgery/Podiatry	Active Podiatrist
Reappointment effective:	April 28, 2009 through April 27, 2011	
Richardson, Robert, M.D.	Clinical Neurosciences	Active Physician
Reappointment effective:	April 28, 2009 through April 27, 2011	
Samina Khattak, M.D.	Clinical Neurosciences	Active Physician
Reappointment effective:	April 28, 2009 through April 27, 2011	

MEDICAL STAFF STATUS CHANGE

Dysico, Gerard, M.D.	Rehab Medicine	Provisional to Active
Effective:	April 28, 2009	

Adjournment

Director Butler, seconded by Director Muñoz, moved to adjourn. THE MOTION CARRIED UNANIMOUSLY AND THE MEETING WAS ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System



David Ansell, MD, Chairman

Attest:



Matthew B. DeLeon, Secretary

Cook County Health and Hospitals System
Report of the Meeting of the Quality and Patient Safety Committee
April 28, 2009

ATTACHMENT #1

Provident Hospital of Cook County



2008 Annual Summary of Quality Performance Improvement Initiative

INTRODUCTION

- Highlight performance improvement accomplishments.
- Identify Opportunities for further improvement.
- Identify planned interventions for improvement.
- 2009 Quality and Performance Improvement Initiatives
- Provide External Regulatory Updates.

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2008 HOSPITAL-WIDE

QUALITY AND PERFORMANCE IMPROVEMENT INITIATIVES



PATIENT FLOW/THRU-PUT

The Joint Commission standards for accreditation requires that hospitals improve processes to ensure the timely flow of patients through-out the hospital. A multidisciplinary team was assigned to evaluate processes impacting patient flow at PHCC. The team is comprised of a physician leader/champion with members representing nursing and physician staff, and the ancillary support areas of Laboratory, Cardio-diagnostics, Radiology, Social Services, etc.

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PATIENT FLOW/THRU-PUT

ROOT CAUSES	2007-2008 INTERVENTIONS
Noncompliance to Bed Control Process	Authority given to Admitting to assign beds.
Delays in Triage to Disposition Process secondary to delay in xray results, lack of telemetry beds, and delays in communication of nurse report to the unit/floor.	Initiation of Nighthawk Tele-Radiology Increased Telemetry Beds from 24 to 32. Instituted faxing of nurse report from ED to nursing unit.
Staffing shortages in Nursing and Ancillary Support Services.	Additional RN Staff added in the ED. Request to hire in other areas submitted.
Delay in Discharge Process	Discharge Log implemented. Instituted Code "FULL"
Manual Processes	Cerner implementation pending. Purchase of digital xray equipment. 4

PROCESSES REFLECTING IMPROVEMENTS

The following measurements each reflect a 3-5% improvement:

- STAT LAB Turn-around Time
- ED Triage to Registration
- Bed available and report to the floor

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PATIENT FLOW/THRU-PUT

OPPORTUNITIES FOR IMPROVEMENT	ROOT CAUSES
ED Length of Stay	Downsizing of in-patient beds on Critical Care and Medical Surgical Units. Delay in implementation of decentralized telemetry.
Radiology Wait Time in Que	Delay in purchase of 2008 capital equipment in Radiology. Delay in hiring new staff.
Turn-around time of request for transportation of patient until arrival to unit.	Delay in hiring new staff.

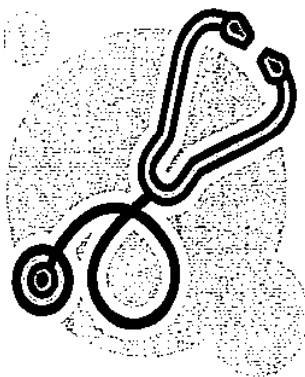
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2009 PATIENT THRU-PUT PLANNED INTERVENTIONS

- Staff and open Discharge Lounge
- Decentralization of Telemetry
- Hiring of additional staff to support ED in Radiology, Transportation, Environmental Services, and Nursing Services.
- Implement CERNER First Net module by 6/09.
- Improve faxing of Nurse Report from ED to Floor
- Purchase and installation of Digital Radiology Equipment

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CORE MEASURES



A set of diagnosed based criteria adopted by CMS and Joint Commission to improve patient outcomes. Core Measures are called ORYX by Joint Commission. The rationale for these National Core Measures is to improve patient care outcomes for Acute Myocardial Infarction (AMI) Heart Failure (HF), Community Acquired Pneumonia (CAP), and Surgical Care Improvement Project (SCIP).

A multi-disciplinary team comprised of a physician team leader/champion, nursing, medical staff, and ancillary support services, has been addressing this ongoing project.

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2008 SCIP MEASUREMENT OUTCOMES

		2007 Aggregate Score	2008 (CY) Quarter 1	2008 (CY) Quarter 2	2008 (CY) Quarter 3	2008 (CY) Quarter 4	2008 Aggregate Score	Target IL Avg.	Target Nat'l Avg.
SCIP INF.1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision.	90% of 31 patients	83% of 12 patients	91% of 11 patients	93% of 15 patients	85% of 20 patients	88% of 59 patients	87%	88%
SCIP INF.2	Prophylactic Antibiotic Selections for Surgical Patient	81% of 31 patients	100% of 11 patients	100% of 11 patients	100% of 14 patients	93.3% of 21 patients	98% of 57 patients	93%	92%
SCIP INF.3	Prophylactic Antibiotic Discontinued Within 24 hours After Surgery End Time	72% of 29 patients	82% of 11 patients	100% of 11 patients	100% of 13 patients	87% of 15 patients	92% of 50 patients	81%	84%
SCIP INF.4	Cardiac Surgery Patients with Controlled 6 A.M. Post-operative Serum Glucose	-	-	-	-	-	-	89%	85%
SCIP INF.6	Surgery Patients with Appropriate Hair Removal.	-	97% of 33 patients	71% of 21 patients	81% of 21 patients	78.3% of 23 patients	84% of 98 patients	93%	93%
SCIP INF. VTE1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered.	77% of 66 patients	81% of 16 patients	90% of 21 patients	90% of 20 patients	100% of 8 patients	91% of 64 patients	85%	84%
SCIP INF. VTE2	Surgery Patient Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 hours Prior to Surgery to 24 Hours After Surgery	77% of 66 patients	81% of 16 patients	90% of 21 patients	90% of 21 patients	100% of 8 patients	89% of 65 patients	81%	81%

BARRIERS TO SURGICAL CARE PROJECT IMPROVEMENTS

- Lack of appropriate resources (razors vs clippers)
- Physicians deviating from practice parameters.

INTERVENTIONS FOR IMPROVEMENT

- Continue to review criteria with appropriate staff.
- Review deficient charts with responsible providers.
- Requested as an automatic order set in Cerner.

2008 ACUTE MYOCARDIAL (AM.I.) MEASUREMENT OUTCOMES

		2007 Aggregate Rate	2008 (CY) Quarter 1	2008 (CY) Quarter 2	2008 (CY) Quarter 3	2008 (CY) Quarter 4	2008 Aggregate Rate	Target IL Avg.	Target Nat'l Avg.
AMI-1	Aspirin at Arrival	98% of 27 patients	100% of 5 patients	88% of 8 patients	100 % of 5 patients	100% of 3 patients	95% of 21 patients	93%	94%
AMI-2	Aspirin Prescribed at Discharge	83% of 12 patients	50% of 4 patients	50% of 5 patients	100% of 2 patients	100% of 1 patient	75% of 12 patients	91%	92%
AMI-3	ACEI or ARB Left Ventricular Dysfunction	100% of 2 patients	100% of 1 patient	0% of 1 patient	-	-	50% of 2 patients	86%	90%
AMI-4	Adult Smoking Cessation Advice/Counseling	100% of 3 patients	50% of 2 Patients	0% of 1 patient	-	-	33% of 3 patients	91%	94%
AMI-5	Beta Blocker Prescribed at Discharge	80% of 10 patients	50% of 4 patients	60% of 5 patients	100% of 2 patients	100% of 1 patient	67% of 12 patients	93%	93%
AMI-7	Thrombolytic Therapy Received Within 90 Minutes of Hospital Arrival	-	-	-	-	-	-	28%	40%
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	-	-	-	-	-	-	67%	72% 11

BARRIERS TO IMPROVEMENT FOR ACUTE M.I.

- Data abstraction errors during the 1st. & 2nd. Qtrs. 2008.
- Timeliness of identification of cases for
 - concurrent review
 - and intervention

INTERVENTIONS TO IMPROVE OUTCOMES

- Increased oversight of validation of data entry process.
- Developed process for timely identification and concurrent intervention.
- Written reminders placed on charts.
- Continuous re-education of physician and nursing staff members.

2009 ACUTE MYOCARDIAL INFARCTION OUTCOMES

		2008 Aggregate Rate	2009 (CY)* Quarter 1					Target IL Avg.	Target Nat'l Avg.
AMI-1	Aspirin at Arrival	95% of 21 patients	100% of 4 patients					93%	94%
AMI-2	Aspirin Prescribed at Discharge	75% of 12 patients	-					91%	92%
AMI-3	ACEI or ARB Left Ventricular Dysfunction	50% of 2 patients	100% of 1 patient					86%	90%
AMI-4	Adult Smoking Cessation Advice/Counseling	33% of 3 patients	-					91%	94%
AMI-5	Beta Blocker Prescribed at Discharge	67% of 12 patients	-					93%	93%
AMI-7	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	-	-					23%	40%
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	-	-					67%	72%

Data is from internal document review.

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2008 OUTCOMES FOR HEART FAILURE (HF) MEASUREMENT

		2007 Aggregate Score	2008 (CY) Quarter 1	2008 (CY) Quarter 2	2008 (CY) Quarter 3	2008 (CY) Quarter 4	2008 Aggregate Rate	Target IL Avg.	Target Nat'l Avg.
HF-1	Discharge Instructions	78% of 400 patients	74% of 113 patients	78% of 116 patients	90% of 69 patients	79.4% of 68 patients	79% of 366 patients	78%	73%
HF-2	Evaluation of Left Ventricular Function (LVS)	90% of 397 patients	96% of 114 patients	98% of 112 patients	99% of 70 patients	97.1% of 69 patients	97% of 370 patients	92%	88%
HF-3	ACEI or ARB for LVSD	94% of 178 patients	96% of 54 patients	94% of 48 patients	97% of 31 patients	96.8 of 31 patients	96% of 164 patients	88%	81%
HF-4	Adult Smoking Cessation Advice/Counseling	97% of 188 patients	94% of 63 patients	100% of 55 patients	100% of 31 patients	100% of 28 patients	98% of 177 patients	92%	90%

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BARRIERS TO 100% COMPLIANCE

- Lack of Pre-Printed Orders.
- Cumbersome documentation process.
- Behavior

INTERVENTIONS FOR IMPROVEMENT

- Implementation of Pre-Printed Orders
- Continue concurrent monitoring/intervention.
- Departmental peer review for non-compliant physicians.
- Revision of Nursing Discharge Instruction Form
- Counseling for non-compliant nursing staff.
- Requested automatic order sets in Cerner.

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HEART FAILURE PROGRAM

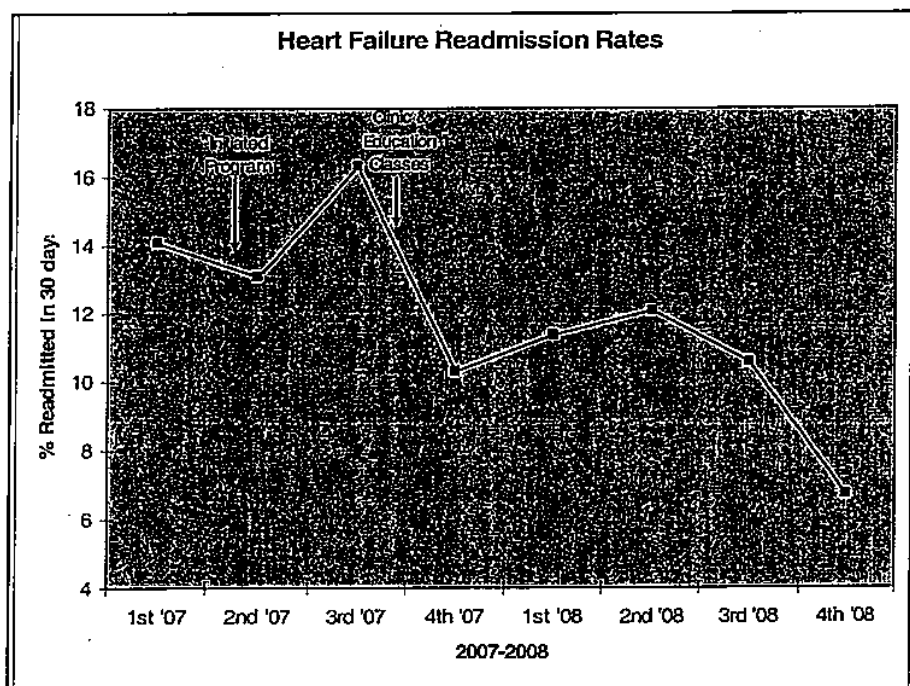
- Despite excellent core measure compliance, readmission rates for heart failure exceeded the national recognized benchmark of 9.76%.
- Data analysis utilizing quality tools identified root causes:
 - Patient non-compliance
 - Clinic Appointment availability
 - Patient and family education
 - No dedicated provider

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HEART FAILURE PROGRAM

- 2007 initiated departmental goal:
-reduce heart failure readmission rates to 10% or less.
- 2007 Heart Failure Program initiated.
- No additional costs to implement.
- Multi-disciplinary and collaborative
- Focus: Inpatient and Outpatient disease management.
- Goals included measurable outcomes.

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2008 OUTCOMES FOR PNEUMONIA MEASUREMENT

		2007 Aggregate Score	2008 (CY) Quarter 1	2008 (CY) Quarter 2	2008 (CY) Quarter 3	2008 (CY) Quarter 4	2008 Aggregate Score	Target IL Avg.	Target Nat'l Avg.
PN-1	Oxygenation Assessment	87% of 305 patients	100% of 126 patients	100% of 74 patients	100% of 44 patients	100% of 48 patients	100% of 292 patients	99%	99%
PN-2	Pneumococcal Vaccination	20% of 65 patients	33% of 27 patients	53% of 19 patients	14% of 14 patients	57.9% of 19 patients	41% of 79 patients	79%	81%
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in the Hospital	75% of 263 patients	81% of 108 patients	60% of 67 patients	65% of 37 patients	71.1% of 45 patients	71% of 257 patients	91%	90%
PN-4	Adult Smoking Cessation Advice/Smoking	96% of 174 patients	99% of 94 patients	91% of 51 patients	100% of 30 patients	100% of 29 patients	99% of 204 patients	87%	87%
PN-5c	Initial Antibiotic Received Within 6 Hours of Hospital Arrival	69% of 188 patients	68% of 123 patients	83% of 73 patients	64% of 44 patients	81% of 47 patients	73% of 287 patients	93%	93%
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	88% of 233 patients	83% of 95 patients	83% of 54 patients	89% of 38 patients	83% of 47 patients	86% of 234 patients	87%	87%
PN-7	Influenza Vaccination	18% of 39 patients	32% of 91 patients	-	-	62% of 39 patients	41% of 130 patients	77%	77%

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BARRIERS TO IMPROVEMENT OF PNEUMONIA OUTCOMES

- Downsizing of inpatient beds=extended wait time ED..
- Patients presenting initially without symptoms of PN.
- Physicians and nurses deviating from PN protocol.
- Shortage of staff due to slow hiring process.
- No process for concurrent review due to staffing.

INTERVENTIONS FOR IMPROVEMENT

- Continue review of all pneumonia cases within 24-48 hours.
- Continue procedure for expediting chest xray tests and results.
- Continue monthly internal review to
 - -identify deficiencies
 - -and utilize quality tools to analyze root causes.
- Revision of ED form to reflect verbiage "blood collected."

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2009 OUTCOMES FOR PNEUMONIA MEASUREMENT

		2008 Aggregate Score	January* 2009	February* 2009			Target N.L. Avg.	Target Nat'l Avg.
PN-1	Oxygenation Assessment	100% of 292 patients	100% of 21 patients	100% of 18 patients			99%	99%
PN-2	Pneumococcal Vaccination	41% of 79 patients	-	50% of 4 patients			79%	81%
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in the Hospital	71% of 257 patients	63% of 19 patients	79% of 14 patients			91%	90%
PN-4	Adult Smoking Cessation Advice/Smoking	99% of 204 patients	100% of 12 patients	100% of 11 patients			87%	87%
PN-5c	Initial Antibiotic Received Within 6 Hours of Hospital Arrival	73% of 287 patients	73% of 15 patients	86% of 14 patients			93%	93%
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	86% of 234 patients	-	-			87%	87%
PN-7	Influenza Vaccination	41% of 130 patients	45% of 11 patients	55% of 11 patients			77%	77%

*Data is from monthly retrospective review.

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IMPROVE CUSTOMER SERVICE

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INTERVENTIONS TO IMPROVE CUSTOMER SERVICE

- Re-engineering of Customer Service Committee
- Revisions of Customer Service Policies & Procedures.
- Feedback to Nursing, Medical and Ancillary Staff.
- Patient Advocate makes daily visits to new patients.
- Daily visits to all patients by Nurse Managers.

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FIRST QUARTER 2009 CUSTOMER SERVICE SCORES

	2009 (CY)* Quarter 1	2009 (CY) Quarter 2	2009 (CY) Quarter 3	2009 (CY) Quarter 4	Aggregate Rate for Four Quarters	Target IL Avg.	Target Nat'l Avg.
Communication with Nurses (Always)	66% (prev. 68% for six qtrs.)					72%	74%
Communication with Doctors (Always)	84% (prev. 76% for six qtrs.)					79%	80%
Responsiveness of Hospital Staff (Always)	37% (prev. 43% for six qtrs.)					59%	62%
Pain Management (Always)	61% (prev. 63% for six qtrs.)					66%	68%
Communication about Medicines (Always)	54% (prev. 57 for six quarters)					57%	59%

*First Quarter Data from Press-Ganey

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NATIONAL PATIENT SAFETY GOALS

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NPSG	STATUS OF IMPLEMENTATION	COMPLIANCE (Measure of Success)
<p>Goal 1: Improve the accuracy of patient identification</p> <p>1a: Use at least two patient identifiers (not the patient's room number) whenever taking blood samples or administering medications or blood product and other specimens for clinical testing or providing any other treatments or procedures.</p> <p>1b: Containers used for blood and other specimens are labeled in the presence of the patient.</p>	<p>Policy and procedure in place. Staff inservices completed.</p>	<p>During 2008, compliance was assessed via tracer methodology and patient safety reports. 90% compliance as of Fourth Quarter 2008.</p>
<p>Goal 2: Improve the effectiveness of communication among care givers</p> <p>2a: Implement a "read-back" process for taking verbal or telephone orders or reports of critical test results.</p> <p>2b: Standardize abbreviations, acronyms and symbols used throughout the organization including a list of those not to be used throughout the organization.</p> <p>2c: Measure, assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical tests results and values.</p> <p>2d: Not applicable.</p> <p>2e: Implement a standardized approach to "hand-off" communications, including an opportunity to ask and respond to questions.</p>	<p>Policies and Procedures have been developed and distributed.</p>	<p>During 2008, compliance assessed via Tracer Methodology. Compliance during tracers and Joint Commission Survey 100%.</p>

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NPSG	IMPLEMENTATION STATUS	COMPLIANCE (Measure of Success)
Goals 4, 5, 6 moved to standards.	Not applicable.	Not applicable
<p>Goal 7: Reduce the risk of health care acquired infections.</p> <p>7a: Comply with current CDC hand hygiene guidelines .</p> <p>7b: Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with healthcare acquired infections.</p>	<p>Implemented 2004.</p> <p>Incorporated into reportable occurrence process in 2004 as well as infection control policies and procedures.</p>	<p>Measured during Infection Control Surveillance. 100% compliance.</p> <p>No cases identified during 2008.</p>
<p>GOAL 8: Accurately and completely reconcile medications across the continuum of care.</p> <p>8a: Reconciliation and communication of an accurate medication list throughout the continuum.</p>	Policies and procedures implemented.	During 2008, compliance reflected 90-100%.

NPSG	IMPLEMENTATION STATUS	COMPLIANCE (Measure of Success)
Goal 9: Reduce the risk of patient harm resulting from falls. Assess and periodically reassess each patient's risk for falling, including the potential risk associated with the patient's medication regimen, and take action to address any identified risks. Implement a Falls Reduction Program and evaluate the effectiveness of the program.	The Falls Prevention Program was fully implemented hospital-wide during 2008.	2008 Fall Rate: .35 2008 Maryland Hospital Benchmark: 3.6
GOAL 13: Encourage patients' active involvement in their own care as a patient safety strategy.	Implemented via "Speak Up" pamphlet, which is provided to all patients upon admission.	100% compliance (per mock tracer and accreditation survey results).
Goal 15: The organization identifies safety risks inherent in its patient population.	Implemented via assessment tools.	Same as above.
Goal 16: Improve recognition and response to changes in patient condition.	Implemented in 2006 in response to 1000 Lives Campaign. Criteria was developed during 2006. During 2008, policy and procedure was revised as well as data collection process.	Baseline data from 2006 When compared to 2008 data does not show any significant change in patients' outcomes. Data reflects that process is utilized when Indicated 29

REGULATORY ACCOMPLISHMENTS

- Two successful Joint Commission Surveys in 2008 resulting in **FULL ACCREDITATION**
- IDPH Citations for the Condition of Participation for Facilities and Environment **ALL COMPLIANT**.
- Cook County Department of Public Health -Compliant
- Chicago Department of Public Health - Compliant
- Department of Regulations - Compliant
- College of American Pathologists – Accredited.

2009 HOSPITAL-WIDE PROJECTS

- National Patient Safety Goals
- Customer Service
- Processing of Physician Orders
- Improve STAT Medication Turn-around Time